Health CHOICES

Manitoba
Building for the Future

What Manitobans Said

Final Report / December 2002

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HealthCHOICES – what Manitobans said

Manitoba

Final Report

Manitobans value our health care system and are keenly interested in the way the system works, and how it adapts to meet new challenges and opportunities. Since 1999, we have focused on five priorities to strengthen our health care system:

1 Training health care professionals who provide high quality care and are the human infrastructure of our system. (page 4)

2 Building and renovating health care facilities designed for the future to provide better physical infrastructure where professionals deliver care. (page 6)

3 Being innovative to expand access to health care for all Manitobans. (page 6)

4 Investing in community health care and prevention, (page 8)

5 Streamlining health care management to focus more resources on patient care. (page 9)

Over the last year, we have been hearing from Manitobans at public meetings, through the mail and via the Internet about their ideas for improving health care in Manitoba. We also asked you to consider the options of how to pay for rising health care costs.

It is clear that health care remains the top priority for Manitobans. Many of the initiatives we have started mirror the priorities that Manitobans see for the health care system – train more nurses and doctors and offer them incentives to stay and work in Manitoba; use new technology and new ways of doing things to expand health care access for Manitobans; invest in prevention; get more information about how to use the health care system to Manitobans; and improve the management and efficiency of the health care system.

I was pleased to share the excellent advice of Manitobans in my presentation to the Romanow Commission. I made it clear that while Manitobans believe the health care system can do a better job – they also share the fundamental values of medicare – that quality health care should be available to all on the basis of need.

Clearly, our work to build a high-quality health care system serving the needs of all Manitobans is not finished. As we move forward, the values and advice of Manitobans will continue to help us make health care choices.

Dave Chomiak
Minister of Health

The Public Consultation Process

Beginning in January 2002, Manitoba Health asked for public input on the future of health care in Manitoba through citizens' forums and a mail-in /Internet questionnaire. The issues facing the province's current health care system were outlined in a brochure mailed to all households. This information was also posted on the government's website (www.gov.mb.ca). Manitobans were encouraged to provide feedback or advice to the provincial government by completing a questionnaire contained in the brochure (available in both French and English). Four public forums were held in January – one each in Brandon and Thompson, and two in Winnipeg. Approximately 430 people participated in a roundtable format, where forum participants were asked to consider the same three questions being asked through the mail-in/Internet questionnaire:

- **What are your ideas on how to pay for rising health care costs?**
- **Are there any ideas or measures that you think the provincial government should definitely not consider?**
- **What health care information would you find helpful in the future?**

In April 2002, the results of the public forums were released. This report is available on the Manitoba health website at: **www.gov.mb.ca/healthchoices/index**

The results of the approximately 8,000 questionnaires returned (both print and electronic versions), as well as the public forums are summarized in this report. Many suggestions on how the government should deal with Manitoba's current health care system were offered through this process. The major themes are discussed in this report.

Through the consultation process Manitobans were invited to share their views and concerns regarding health care in Manitoba. The open-ended questions in the questionnaire were designed to encourage people to share their opinions in an open discussion. This process does not provide numeric results like a poll that asks for "yes/no" answers. Rather, it generates themes where Manitobans agree, and identifies the areas where there is no clear consensus opinion. This approach complements the information gathered from numeric polls. Manitobans have participated in polls about health care, such as the Canadian Community Health Survey, which surveyed approximately 8,400 Manitobans in 2000 about individual health practices, as well as attitudes towards the health care system. Results of this survey are available in Manitoba's Health Indicators Report which is also available on-line at:

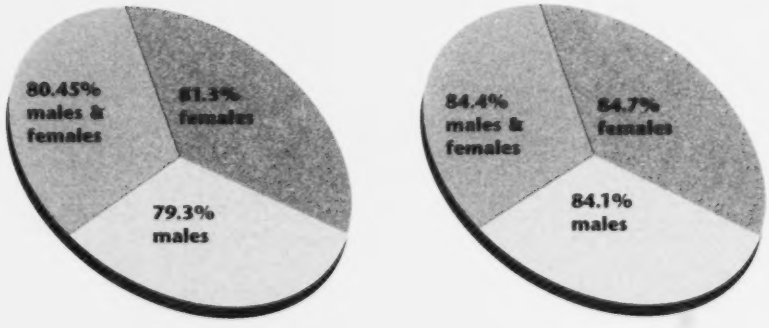
www.gov.mb.ca/health/pirc/index

Achievements and challenges

Manitobans responded to the challenge of addressing the future of health care with a wide variety of ideas and concerns. Many issues were raised consistently across the province. On some of these issues, there was widespread agreement. On others, agreement could not be reached although the discussions on these topics were lively and prominent.

While the questions put to Manitobans focussed on how to deal with the rising cost of health care – several suggestions for improving the health care system were also offered. Issues where participants were generally in agreement include:

1. **The importance of health care staff training, recruitment and retention.**
2. **The need to enhance access to health care through innovation and service integration.**
3. **The importance of health promotion and prevention initiatives.**
4. **The need to improve and streamline health care management.**
5. **The value of public education and communication about the health care system.**



Percentage of Individuals Rating Health Care Services as: Excellent or Very Good by Sex – Manitoba (left) and, Canada (right) – during 2000

Achievements and challenges

1 The importance of health care staff training, recruitment and retention

Training, recruitment and retention of health care professionals was widely recognized as critical to the future of health care in Manitoba. Participants suggested ways to encourage long-term staff retention, including financial and academic incentives such as forgivable loans and bursaries for students who stay and work in the province after they graduate. Recruitment strategies and policies were another focus with suggestions to accept more health care professionals who are educated outside the province and country. Some participants were cautious stating that recruiting health care professionals, such as nurses, from outside the country should not be an overall strategy to solve human resources shortages because of potential retraining costs.

Education emerged as a theme within the broader category of human resources. On-going training opportunities for health care professionals was identified as a potential strategy for ensuring high-quality health care services into the future. Some participants suggested broader access to education so that health care aides can become registered nurses over a period of time. Participants also felt that the voluntary sector within the health care system could be expanded to curb costs and encourage more youth to pursue health care professions.

Since 1999, the Manitoba government has recognized the shortage of health care professionals as the top priority in building a sustainable health care system. Innovative approaches, such as re-instating the RN diploma program and providing medical students with non-repayable bursaries in return for a commitment to practice in Manitoba are working. There is a growing number of nurses and doctors being trained and staying to practice in Manitoba.

According to the College of Physicians and Surgeons, the number of doctors in Manitoba has grown every year since 1999 – a reversal from the 1990's when doctors left the province. In 2002 there were 2,122 licensed doctors in Manitoba, up from 2,037 in 1999. There are currently more nurses in training in Manitoba now than at any other time in the last decade. Three times as many nurses are expected to graduate next year as graduated in 1999.

Graduating Nurses; Source: Manitoba Health

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
678	**686**	**689**	**604**	**538**	**508**	**296**	**284**	**287**	**210**	**325**	**381**	**615** *(projected)*

Fact

Almost 300 future doctors have received financial assistance to attend medical school. Each of these doctors agrees to practice in Manitoba for at least a year upon graduation in return for non-repayable bursaries of between $15,000 - $40,000. Once a doctor begins to practice in Manitoba, they are more likely to stay in the province.

Wage and compensation costs were clear themes in discussions about how to pay for health care. Alternative ways to pay health care providers was mentioned by a small number of respondents as a potential cost-cutting measure. Some individuals believed that the government should look at the possible impact of paying physicians salaries rather than the current fee-for-service structure. However, some participants believed that paying doctors a salary would result in fewer patients being served on a daily basis, which would in turn result in longer waiting lists. There was no clear consensus on the issue of physician salaries.

Some Manitobans said that compensation for doctors' and nurses' incomes should be managed in other ways. It was suggested that salaries for nurses be standardized relative to the cost of living and that Manitoba ensure nurses' wages are competitive with other provinces.

Fact

According to the Canadian Institute for Health Information, Manitoba has the highest percentage of doctors receiving some form of "alternate" payment, as opposed to only receiving traditional "fee-for-service". Sixty-one per cent of physicians practicing in Manitoba receive some form of alternate payment, most of whom receive a combination of alternate payments and fee-for-service.

There was also some discussion about improving benefits for nurses and home care workers. A number of participants said that nurses should be given full-time status. Others linked the "reinstatement" of LPNs as a potential remedy to current ailments on the health care funding front.

In the latest collective agreement negotiated with the Manitoba Nurses Union, a joint committee with representatives of managers and nurses was formed to work on finding ways to put more nurses in full-time positions. A recent survey of graduating nurses carried out by the Manitoba Nursing Research Institute reported that twice as many graduate nurses reported finding full-time work in May 2002 as in May 1999. ■

Achievements and challenges

2 The need to enhance access to health care through innovation and service integration

Increasing access to health care service provision emerged as a common theme. Better service integration and introducing new innovative methods of service delivery were often offered as ways to reduce health care costs. Among the many suggestions offered, expansion of community health clinics and "telehealth" were mentioned most often. Participants believed that overall responsibility for health care should be shared more equally between nurse practitioners and physicians. Expanding the role of nurse practitioners to include such duties as initial assessment of medical needs and home care evaluations was also suggested.

Participant quote:
"Use nurses as practitioners to deal with issues such as colds, flu and minor ailments."

Having recognized that the role of nurses in service provision could be expanded, participants also thought that a more integrated team approach to providing service would make more efficient use of skilled personnel. This might involve thinking about the roles a wide variety of professionals play in providing health care services and expanding the role of community health clinics.

Manitoba's Telehealth network includes 23 sites across the province, linking patients and specialists through advanced communication technology. It means a child in Thompson can be examined by a specialist in Winnipeg without having to leave home. Telehealth also links doctors, nurses and other health care professionals to each other – allowing for continuing medical education and information sharing.

Fact

The first phase of Manitoba's Primary Care Strategy, including funding contributions by the federal government, has the following initiatives:

1. Increasing access to 24/7 care by expanding Manitoba's toll-free health information phone line – Healthlinks, including services in several languages.
2. Training instructors to offer courses to hundreds of rural and northern paramedics to expand their ability to practice as part of the health care team, including more training in cardiac testing and the use of drugs.
3. Establishing collaborative practice training sites designed to foster co-operation between doctors, nurse practitioners and other health care professionals, such as social workers and pharmacists.
4. Linking primary health care providers through information technology allowing them to share appropriate information and increase the quality of care provided through an improved integration of services.
5. Providing increased public education about health promotion, disease and injury prevention.

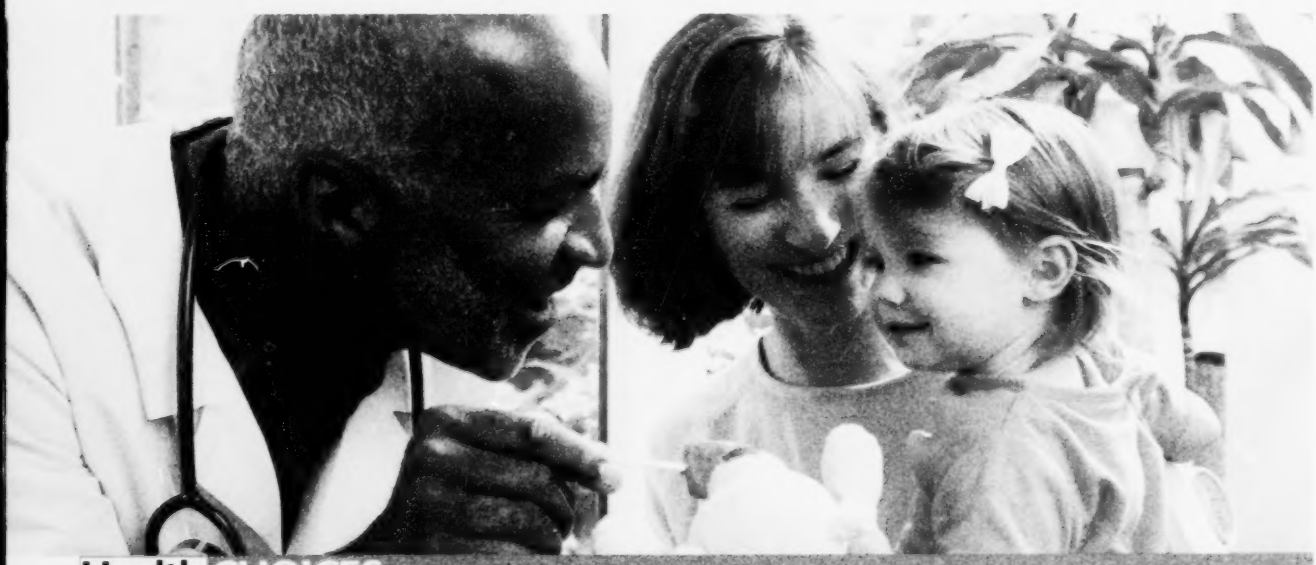
Recognizing that home care was designed to reduce the costs associated with prolonged stays in hospitals, participants suggested that improvements and expansions be made to the current home care system. Some participants, however, felt that the current home care system should not be expanded without a thorough review. It was suggested that some home care services, such as laundry that are covered by the program, are not health care issues and should therefore not be covered.

Since Manitoba was the first province to introduce a comprehensive home care program in 1974, it has been recognized as a model for the rest of the country. Every month, more than 20,000 Manitobans receive some form of home care allowing individuals to stay in their homes, living independently and reducing costs for hospital stays. Recent health care reports, such as the Study on the State of Health Care System in Canada issued by the Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby and the final report of the Commission on the Future of Health Care in Canada, led by Roy Romanow, have recommended federal funding for home care.

Participants suggested that service integration could also mean accepting a more holistic approach to health care including more access to information on alternative medicine, such as acupuncture, midwifery and therapeutic massage. It was also suggested that increased emphasis be placed on the role of traditional healers in Aboriginal communities. Some Manitobans believed that "alternative medicine" could reduce costs. As one respondent urged: *"Increase cooperation between western medicine and alternative medicine with the realization that alternative medicine tends to involve lower technology, and therefore lower costs."*

Fact

The Midwifery and Consequential Amendments Act, proclaimed June 12, 2000, makes midwifery services available to Manitoba women. Manitoba is the fourth province in Canada to take this step. Currently, Manitoba Health funds thirty midwives through out the Province who provide care and support to mothers and their babies.



Achievements and challenges

3 The importance of health promotion and prevention initiatives

Preventing illness and disease was frequently mentioned as a means of reducing health care costs. The emphasis on prevention by Manitobans centred around increasing funding for promoting healthy lifestyles.

Public education and access to information about personal health practices and knowledge of the system emerged as a common discussion subject. Participants suggested that a greater investment is needed for prevention and health promotion, particularly in educating children about healthy lifestyle practices. Some individuals suggested expanding the role of physicians and nurses in providing preventive education, and that the correlation between poverty and health also needs to be addressed in prevention efforts.

> **Participant quote:**
> **"Focus on the basics that help increase health such as nutrition, access to housing, support services, primary prevention."**

Healthy Child Manitoba is a joint initiative between the provincial departments of health, education, family services and housing and Aboriginal and northern affairs. Since 1999, Healthy Child Manitoba has invested in a number of initiatives designed to improve the health and well-being of children and their families. Twenty-five parent-child programs focussing on nutrition, literacy and parenting education are being established in communities across the province. As well, supports are offered to expectant mothers through the BabyFirst and Healthy Baby programs, including prenatal care and education and an income benefit to help expectant mothers learn about and purchase nutritious foods.

Recent prevention initiatives

- Childhood Injury Campaign – injury prevention kits were distributed to thousands of Manitoba families.
- Children's Asthma Education Program – reduces emergency room visits and hospitalizations by 50% for participants.
- Cervical Cancer Screening Program started.
- Well water testing subsidy reinstated to help rural Manitobans monitor the quality of their drinking water.
- Office of Drinking Water established to coordinate safe drinking water initiatives.
- West Nile Virus surveillance program established.
- Flu and hepatitis immunization programs expanded.
- Pneumonia immunization campaign launched.
- *The Non-Smokers Health Protection Act* was amended in August 2002, to limit the advertising and display of tobacco and tobacco products to children. Research by the Canadian Cancer Society and the World Health Organization indicate that reducing kids' exposure to tobacco marketing can help reduce the number of kids who start smoking.

4 The need to improve and streamline health care management

When Manitobans were asked how to pay for rising health care costs, one of the main themes was "better management" of the funds that already go towards health care. Better management included enhancing accountability of government, managers, health care professionals and patients in the system.

Participant quote:

"If the health care system were just more efficient and better managed, current funding would be adequate."

Accountability of the health care system was a prominent theme. Participants suggested that health care professionals and administration need to continually look for greater efficiency so that health care dollars are being used in the most appropriate manner possible. This could mean a better cost tracking system, independent audits and performance measurements of health care providers. It might also mean streamlining bureaucracy and administration.

Since 1999, the number of regional health authorities (RHAs) in Manitoba have been reduced from thirteen to eleven. Two regional health authorities in Manitoba were merged into the Winnipeg Regional Health Authority (WRHA). The Southwestman RHA and the Marquette RHA were merged into the Assiniboine RHA in 2002. These amalgamations allow for more resources to be devoted to patient care by fostering co-operation and reducing administration.

The changing role of rural heath care facilities was discussed at citizen forums outside Winnipeg. Participants recognized that all health care facilities have to be efficient and cost-effective. It was also recognized that while health care needs may be the same in rural, northern and urban areas, the way to meet those needs may be different and should be suited to each region.

Health capital investments in rural and northern Manitoba have focussed on creating regional centres for care and treatments. The re-development of the Brandon Regional Health Centre to include new services such as MRI testing, as well as the location of CT scanners in many areas outside Winnipeg, will help move health care closer to home for Manitobans.

Fact

In 2002, surgeries were returned to rural and northern hospitals from Winnipeg hospitals to make better use of these facilities. In southeastern Manitoba, the general surgical program has been re-established at Ste. Anne Hospital and expanded at Bethesda Hospital. Approximately 300 dental surgeries for northern children have been transferred to Thompson and 350 more general and basic orthopedic surgeries are being done in two rural hospitals to provide patient care closer to home.

5 Public education and communication about the health care system

Manitobans recognize the strains on the publicly funded system, yet they believe that universal health care should be maintained. Consequently, participants felt that more communication with the public about rising health care costs, increased demand for services and the decline of federal support for medicare would help to create more realistic expectations. A detailed account of how health care money is allocated in comparison with other countries was also suggested.

Participant quotes:

"Receiving an itemized statement and costs of your use of health related items such as doctor fees, operations, MRI, etc. to make people aware of the overuse of these services."

Many respondents believed that most people have little or no understanding of the costs associated with health care. They suggested that individuals be made more aware of the cost of common services, such as basic check-ups by family doctors. More specific information on the length of waiting time, the state of the medical equipment, etc. was also suggested.

In 2001, Manitoba Health and regional health authorities in Brandon and Winnipeg sponsored a campaign to inform Manitobans about options to using emergency rooms. This information was sent to households in Brandon and Winnipeg and included television, radio and newspaper ads. Information provided included alternatives to ERs such as family doctor offices, walk-in clinics and the HealthLinks telephone line – as well as a guide on the types of conditions that were appropriate for ER visits. Manitobans responded enthusiastically to the campaign.

Participant quotes:

"Information that will suggest ways the public (taxpayer) can help to reduce costs no matter how small the cost may seem."

There seemed to be consensus among participants that the consultation guide, HealthChoices, provided useful information Manitobans needed. Some individuals felt that this document should be given to all Manitobans, perhaps as a direct mail piece. As part of the consultation process, this document was mailed to all households.

Participants also thought that a document outlining the different levels of care and types of services provided at health care facilities, as well as information about which services are paid for by the provincial government and which services are the responsibility of the individual, would be useful.

Many Manitobans believed that the public should have access to "more preventative health care information". Plain language information was seen as important to address the information needs of the low literacy population.

Coming soon

InfoHealth – Manitoba Health's prevention information campaign has included information encouraging Manitobans to get their flu shots and make their homes accident-proof for children. Future Infohealth campaigns will include smoking prevention as well as general information about prostate cancer. In 2003, Manitobans will receive copies of Manitoba's guide to health care services, outlining which services are available, how to access them and rights of patients.

Choices

The question of how to pay for increasing health care costs resulted in lively discussion at the public forums and raised many differing opinions in the mail-in/Internet responses. One message was clear above all: Manitobans believe that access to health care must be based on need. Consequently, methods of revenue generation, and the re-organization of health care service delivery were discussion themes that generally gained wider acceptance than privatization, user fees or service cuts.

Participant quote:

"I would not care to see user fees introduced. This hits the middle income person in the pocketbook yet again."

In looking for potential solutions to funding shortages, revenue generation was a far more popular solution than cuts to current services. Some Manitobans believed that placing limits or restrictions on the number of doctor visits a person was allowed per year could result in reduced costs to the system. No single source, however resulted in widespread acceptance by participants. In fact, the same strategies some respondents felt should be used to raise additional revenue and control health care costs were identified by other respondents as strategies the government should not consider pursuing.

It is interesting to note that Manitobans were very clear about things the provincial government should definitely not consider. Many responses warned that pursuing privatization, user fees or premiums in any form would create a two-tiered system that would put lower income and chronically ill individuals at a disadvantage. It was also suggested that the administrative resources required to implement and collect user fees might outweigh any potential revenue.

In general, participants discussed more potential solutions than they did measures and ideas that the government should not consider. One point seemed to ring true, however, and was expressed strongly: universal access to health care should not be compromised and medicare must be maintained.

A renewed federal-provincial partnership

Although the use of taxes and other revenue sources to pay for rising health care costs was the most frequent response, this suggestion tended to focus on lobbying the federal government to restore the full federal funding partnership on health care, and increase transfer payments to the province. Recent national reports such as the Romanow Commission have recommended increases in federal funding.

Fact

When medicare started, the provinces and the federal government shared health care costs 50/50. Today, the federal government only pays 14 cents of each health dollar spent.

For the past several years, the federal government has run large budget surpluses. At the same time the federal government's share of funding for health care costs has been decreasing. Many Manitobans raised options such as increasing taxes, bringing in user fees and premiums, and privatizing parts of the system. However, it was clear that restoring the federal-provincial partnership and making sure existing resources were being used efficiently and effectively had to be pursued first.

Also related to taxation and jurisdiction, many respondents suggested that the federal government assume financial responsibility for providing health care to Manitoba's First Nations residents, regardless if they live on or off-reserve.

Increasing taxes on consumer products that conflict with healthy lifestyle practices such as liquor, tobacco and "junk food" was suggested with some frequency, with the resulting funds going to the health care system. Enlarging the tax base and ensuring that tax contributions are appropriately tied to income levels, were also commonly offered as solutions.

The World Bank reports that, in the U.S, a 10% increase in the price of cigarettes yields a 6% decrease in the number of smokers between 18 and 24 years of age. In the last budget, the Manitoba government increased tobacco taxes from 9.6 cents to 14.5 cents per cigarette.

Suggesting the provincial government be more prudent in spending the taxes it already collects from the public was also a prominently volunteered response. Many Manitobans also strongly expressed the view that more taxes were not acceptable. Looking outside of the tax system for money was also suggested. Using the profits from lotteries or casinos for health care was another commonly mentioned theme. Allowing tax-deductible donations to the health care system was mentioned as a revenue source by a small number of Manitobans.

Fact

Manitoba's 2002/2003 budget estimates the combined revenue from lotteries, and gaming and liquor sales at approximately $419 million, which is part of the government's general revenue. The health budget is estimated at $2.8 billion – about 40% of the entire provincial budget. All the revenues from liquor and lotteries account for only 15% of the health budget.

Dealing with rising drug costs

The impact of rising drug costs was often mentioned as one of the leading causes of escalating health care costs. Some respondents believed the government should become involved in regulating the price of prescription drugs in order to lower their costs. One respondent summed up this position by saying, *"The price of drugs should be controlled by the government."* It was suggested that the government work to reduce drug costs by using generic labels rather than brand-names, reducing the patent time for pharmaceutical companies and generally exploring other methods of lowering the cost of drugs. Others also felt that the relationship between doctors and large multi-national pharmaceutical companies should also be discouraged to reduce the incidence of doctors prescribing more expensive drugs compared to the less expensive generic brands.

Manitoba, in co-operation with other provinces, is in the process of setting up a national drug review process. Reviewing new drugs together will save provinces money and help increase access to prescription medicine for Canadians. The recent report by Senator Michael Kirby and the Senate Committee on Health Care recommended a national drug plan that would cover "catastrophic" drug costs over $5,000 per individual. The Romanow Commission recommended a national drug plan covering costs greater than $1,500 per individual.

Fact

In the last five years the provincial budget for drugs has more than doubled because people are using more drugs and more expensive drugs.

User fees and privatization

While participants clearly value the principle of universal access to high quality health care services, there was recognition of the strains on our publicly funded system. Although participants felt that a universal health care system must be maintained, some people felt that expectations that all health care services be provided to all people all the time with no additional charges might be unrealistic.

The implementation of some form of user fee or premium structure was a prominent discussion theme. Some participants felt that user fees or premiums could be based on personal income levels or personal usage levels of health care services. In addition, some participants thought the current list of services that are covered could be evaluated to determine whether or not some services should be de-insured.

Other respondents supported user fees because they felt they would discourage over-use of the system. Others believed user fees could provide financial assistance to offset the actual cost of materials or medical tests like x-rays. Some respondents suggested that people involved in unhealthy activities should pay an additional surcharge for the health care services they require.

On the other side of the debate about user fees, many Manitobans expressed concern that any type of user fee would discourage people on low or fixed incomes from accessing preventive health care services – leading to poorer health outcomes

for these individuals and more expensive treatment in the future. Many people also believe that the cost of implementing and administering a user fee system would far outweigh any potential revenue. In general, generating more revenue for health care through user fees was seen to be in conflict with the value of accessibility to health care based on need.

A small minority of respondents suggested that a structured private system could alleviate some of the burden on the public health care system. Suggestions included:

- Allow opportunity for people to pay privately for non-urgent, non-life threatening elective procedures and tests.
- Use the money to purchase more equipment and service and therefore make the service more available to all.

In opposition to cutting the number and range of health care services available, a large portion of responses favoured maintaining and expanding the number of choices for publicly-insured health care. Coverage of chiropractic care, alternative health practitioners, palliative care, midwifery and traditional Aboriginal healing were among the services that Manitobans would like to see strengthened.

Conclusion

It was clear from all the responses received that health care remains a top priority for Manitobans. They are in agreement about many ways to improve the system – such as training and keeping more health care professionals in Manitoba. Manitobans are also open to change – such as an expanded role for nurse practitioners in family medicine.

In terms of rising health care costs, Manitobans want to be sure that better, more efficient management of the system is the first answer. They also know that health care is a shared responsibility and that there must be a renewed partnership with the Federal government. There was no agreement on bringing in user fees, premiums or privatization.

In fact, many Manitobans stated that these were exactly the initiatives that should not be pursued.

Manitobans believe in medicare. They want a health care system that is accountable, accessible and high-quality. They shared many ideas that are being used to help build this kind of health care system.

Public Feedback by Theme

Subject: Human Resources

Theme	Discussion
Payment Methods for Physicians	• Doctors should be given salaries, particularly doctors in rural locations • Increase the number of salaried health care professionals • Doctors should not be salaried – doing so would create longer line ups and limit the number of patients served each day • Review fee-for-service for physicians – look at implications for salaried physicians
Competitive Salaries	• Standardize salaries for health care practitioners relative to the cost of living • Nursing wages should be competitive with wages offered in other provinces • Benefits for home care workers need to be improved and increased
Staff Retention Strategies	• Create a human resource strategy • Develop creative retention strategies • Provide financial and academic incentives for rural and northern students • Initiate a forgivable bursary program for health care professionals – bursary need only be paid back if they leave the province • Create a student loan strategy for health care professionals where the loan is forgivable for the duration of service in Manitoba • Provide financial assistance to doctors, nurses & lab technologists when they commit to staying in the province for one year for each year of education
Education	• Increase access to education • Provide more training opportunities through a human resources strategy • Restructure education for nurses – allow health care aides to become registered nurses over a period of time • Use public money to train health care professionals
Recruitment	• Evaluate recruitment/immigration of doctors in Manitoba • Limit recruitment of foreign nurses due to costs of retraining • Recognize certifications for doctors from other countries
Streamlining Bureaucracy/ Administration	• Concern for efficiency in operations • Examine whether regional health authorities are the most efficient use of resources • Look for ways to reduce administrative expenses
Volunteerism	• Expand use of volunteers within the health care system to curb costs and encourage youth to pursue futures in health care

Subject: Health Care Service Provision

Theme	Discussion
Home Care	• Improve the provincial home care system so that patients can leave hospitals earlier • Have nurses perform home care evaluations instead of doctors to reduce cost • Encourage federal government to implement a national home care program • Provide full service home care • Expand palliative home care • Review allowable home care services – reduce provision of services outside the realm of health care, e.g. laundry
Nurse Practitioners	• Increase the use of nurse practitioners • Consider the use of nurse practitioners for initial assessment of medical needs rather than doctors to lower costs • Responsibility for service should be shared equally by nurse practitioners and physicians
Use of Rural Facilities	• Review rural hospital processes and services to assess occupancy rates/ use – consider if they are the best use of our resources • Ensure equal opportunities for treatment and access to services throughout Manitoba • Do not close rural hospitals • Use rural facilities more effectively
Alternative Medicine	• Increase access to information on alternative medicine such as acupuncture, midwifery and therapeutic massage • Increase emphasis on traditional healers in Aboriginal communities • Take a holistic approach to health care
Service Integration	• Develop an integrated team approach to service provision • Use correctly skilled personnel where needed, which includes all health care professionals in a more integrated system • Expand access to community health clinics
Accountability	• Continually work on efficiency • Measure performance of health care providers • Concern regarding lack of continuity of care • Track costs for more overall accountability, particularly with respect to rural hospitals • Independent audits • Accountability of physicians

Subject: Cost Issues

Theme	Discussion
User Fees	• Implement user fees based on personal income • Implement a user fee for some services • Do not rule out any options regarding broad-based health care, including a two-tier system and user fees • Investigate user fees as an option and bring the pros and cons to the public • Implement fees for individuals who visit doctors for minor illnesses or very frequently • Fee for service option with deductible based on services • Do not consider user fees – user fees discourage low income groups from using health care and may increase costs through increased administration for collection • No two tier system • User fees tend to penalize the chronically ill
Premiums	• Implement an annual health care service fee based on income (sliding scale) • Implement a flat fee premium per family
De-Insuring Services	• 100% coverage may not be realistic • Conduct covered services audit – determine what services should be eligible for coverage • Do not reduce coverage for health care services, especially chiropractic care
Privatization	• No privatization • Partial privatization • Publicly funded private clinics
Federal Funding	• Federal government should have more responsibility for funding health care • Continue to lobby federal government for a larger share of the provincial health care budget
Taxation	• Increase taxes to support health care • Increase tax base by attracting more businesses and people to Manitoba • Raise taxes on tobacco, alcohol, gas and junk food and use these taxes for health • Tax large corporations • No more taxes
Drug Costs	• Decrease drug costs by offering generic brands with the same capabilities as name brand products • Shorter patents for pharmaceutical companies • Explore methods of reducing drug costs
Other Revenue Sources	• Earmark some revenue from Crown corporations to pay for health care • Use lottery/casino revenue for health care • Make private companies pay for medical costs related to industrial accidents

Public Feedback by Theme

Subject: Planning

Theme	Discussion
Process	• Involve communities in the search for solutions • Liaise between different levels of health care services to plan possible changes • Limit the hiring of outside consultants for planning • Adapt other health care models to Manitoba, such as the models in Sweden, France and Cuba • Collaborate with other provinces to develop a better health care model

Subject: Public Education and Information

Prevention	• Increased investment in prevention and education • Continue funding prevention and promotion of healthy lifestyles • Begin educating children at a young age about healthy lifestyle practices • Increase the preventive education being done by doctors and nurses • Recognize and address the correlation between poverty and health
Services	• Educate people about the costs of health care by sending them a statement of costs • Educate the public to have more reasonable expectations of the health care system • Increase public awareness of costs • Provide more plain language information about health care for people with low literacy levels

Subject: Population Health

Nutrition	• Regulate the cost of food, especially in the north, to enable healthier food choices • Provide healthier meals in hospitals
Aboriginal Issues	• Implement an Aboriginal Health Strategy • Increase the use of traditional Aboriginal healers • Improve Aboriginal access to home care services

Manitoba

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